

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Developmental Disabilities
 Employment Supports & Services
EMPLOYMENT SUPPORT AIDE AGREEMENT

CONSUMER'S NAME <i>(Last, First, M.I.)</i>		DATE
SUPPORT COORDINATOR'S NAME		DDD I.D. NO.
QUALIFIED VENDOR'S NAME		PHONE NUMBER <i>(Include area code)</i>
QUALIFIED VENDOR'S ADDRESS <i>(P.O. Box, No., Street, City, State, ZIP)</i>		

The purpose of this agreement is to delineate the services and supports to be provided including timeframes.
The document should be updated and amended, as necessary.

Yes	No	Personal Care	Daily Hours <i>*(up to 1 hour per day)</i>	Weekly Hours
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with lavatory usage		
<input type="checkbox"/>	<input type="checkbox"/>	Assisting at meal times and breaks		
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with self-medication or medication reminders		
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with ambulation		
<input type="checkbox"/>	<input type="checkbox"/>	Other		

Yes	No	Behavioral Intervention	Daily Hours <i>*(up to 3 hours per day)</i>	Weekly Hours
<input type="checkbox"/>	<input type="checkbox"/>	Provide behavioral intervention as needed by assisting in resolving behaviors inappropriate for the workplace.		
<input type="checkbox"/>	<input type="checkbox"/>	Assist the consumer in resolving any life/personal concerns that may interfere with the job performance.		
<input type="checkbox"/>	<input type="checkbox"/>	Communicate with all appropriate persons when the consumer presents any additional medical or social needs during the course of the service delivery in order to refer for or obtain additional needed supports.		
<input type="checkbox"/>	<input type="checkbox"/>	Other		

Yes	No	Job Related Supports	Weekly Hours <i>*(up to 3 hours per week)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Supports and services including:	
		START DATE	END DATE
		TOTAL HOURS - WEEKLY <i>*(not to exceed 4 hours per day)</i>	TOTAL HOURS - MONTHLY
CONSUMER'S NAME		CONSUMER'S SIGNATURE	DATE
SUPPORT COORDINATOR'S NAME		SUPPORT COORDINATOR'S SIGNATURE	DATE
GUARDIAN'S NAME		GUARDIAN'S SIGNATURE	DATE
QUALIFIED VENDOR'S NAME		QUALIFIED VENDOR'S SIGNATURE	DATE
EMPLOYMENT PROGRAM SPECIALIST'S NAME		EMPLOYMENT PROGRAM SPECIALIST'S SIGNATURE	DATE
DPM/DESIGNEE'S NAME		DPM/DESIGNEE'S SIGNATURE <i>(Approval)</i>	DATE

Routing: Original – Support Coordinator, Copy - Consumer/Consumer’s Representative, Copy – District File

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.